

Case Number:	CM14-0038135		
Date Assigned:	06/25/2014	Date of Injury:	11/16/2009
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant has filed a claim for chronic neck, mid back, low back, and ankle pain reportedly associated with an industrial injury of November 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and multiple trigger point injections. In a December 16, 2013 progress note, the applicant presented with persistent complaints of neck pain, mid back pain, and upper back pain. The applicant was described as having taut bands of muscles and was given trigger point injections on this date. The applicant was described as permanent and stationary. The applicant's medication list was not attached. It did not appear that the applicant was working with permanent limitations in place. The applicant was given trigger point injections on other office visits on September 18, 2013, and November 18, 2013. She had received reductions in pain with each injection. On March 13, 2012, the applicant was again given localized trigger point injections about the sacroiliac region. The applicant's work status was not stated. The applicant was, on this occasion, described as having low back pain radiating to the right leg and to the left thigh. Straight leg raising was positive. The applicant apparently underwent urine drug testing on September 4, 2012. The drug testing was negative for barbiturates, benzodiazepines, buprenorphine, methadone, nicotine, opioids, and oxycodone. The applicant's medication list was not attached to the drug test result.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retro Trigger point injection DOS 3/13/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: As noted on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, repeat injection should not be performed unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. In this case, however, there was no documentation of functional improvement over the course of the claim. The applicant was seemingly given permanent work restrictions which remained in place, unchanged, from visit to visit, arguing against functional improvement as defined in the MTUS 9792.20. It is further noted that, on several occasions, the applicant was described as having radicular complaints of low back pain radiating to the bilateral legs. As further noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the presence of radicular pain, as was evident here. Therefore, the request for Retro Trigger point injection DOS 3/13/12 was not medically necessary

Retro (UDS) Urine Drug screen DOS 6/14/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation ACOEM guidelines, Chronic Pain, page 138 Official Disability Guidelines (ODG) 2014: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing Topic.

Decision rationale: While page 43 of the California MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing Topic, the attending provider should attach an applicant's complete medication list to the request for authorization for testing, state when the last time the applicant was tested, and clearly state which drug tests or drug panels he intends to test for. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider did not attach the applicant's complete medication list to the request for testing. The attending provider did not document the applicant's complete medication list on several progress notes referenced above. Therefore, the request for a Urine Drug screen was not medically necessary.

Retro Trigger point injections DOS 10/30/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The applicant had had several series of injections throughout 2012 and 2013. As noted on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, repeat injection should not be performed unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. In this case, however, there was no documentation of functional improvement over the course of the claim. The applicant was seemingly given permanent work restrictions which remained in place, unchanged, from visit to visit, arguing against functional improvement as defined in the MTUS 9792.20. It did not appear that the applicant was working as a corrections officer with said permanent limitations in place. Therefore, the request for Retro Trigger point injections DOS 10/30/13 was not medically necessary.

Retro Trigger point injections DOS 11/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: These trigger point injections were performed approximately three weeks after a prior injection performed on October 30, 2013. As noted on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, the frequency of trigger point injection should not be at an interval less than two months. Therefore, the request for Retro Trigger point injections DOS 11/18/13 was not medically necessary.